

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

**A. Full Name (Last, First, Middle Initial)**

MRS. PATRICIA K. COLAGIURI

Mailing Address 530 VALLEY ROAD  
APT. 6F

City State Zip Code  
MONTCLAIR NJ 07043-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.46832**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

REFUNDED \$103.00 ON 12/31/2015

**B. Full Name (Last, First, Middle Initial)**

WAYNE COLIZZA

Mailing Address 3 HILLSIDE CT E

City State Zip Code  
MORRIS PLAINS NJ 07950-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI-COUNTY ORTHOPEDICS AND  
SPORTS MEDICAL

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.42343**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C. Full Name (Last, First, Middle Initial)**

MR. WILLIAM A. COLLET

Mailing Address 7233 WINDSOR LANE

City State Zip Code  
HYATTSVILLE MD 20782-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLLET & ASSOCIATES, LLC

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.44557**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2200.00

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....